

**REQUEST FOR DEPENDENT DISLOCATION ALLOWANCE (DLA)  
AND/OR DEPENDENT TRAVEL ALLOWANCE**

**PRIVACY ACT STATEMENT**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which requires that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested:

1. Authority: 37 USC 1006
2. Principal Purpose: To provide information required to legally pay advanced DLA and/or dependent travel allowance.
3. Routine Use(s): The member provides information on shipment of household goods and the planned travel of dependent(s). The Disbursing Officer either approves or disapproves the request.
4. Mandatory or Voluntary Disclosure: Voluntary. If member does not provide the information, the requested advanced payment(s) cannot be paid.

\_\_\_\_\_  
(Date)

MEMORANDUM

From:

\_\_\_\_\_  
(Rank/Rate, Name, Branch of Service, SSN)

To:

Officer in Charge, U.S. Navy Personnel Support Activity Detachment, \_\_\_\_\_

Subj: REQUEST FOR ADVANCE PAYMENT OF DISLOCATION ALLOWANCE (DLA) AND/OR TRAVEL ALLOWANCE

Ref: (a) JFTR(U5250, U5165, U6013)

Encl: (1) Copy of completed application for Shipment and/or Storage of Personal Property (DD Form 1299)  
(2) Copy of orders

1. I request advance payment of DLA and dependent travel allowance, if transportation is not provided in CONUS for my dependents, as authorized by reference (a). Enclosure's (1) and (2) are forwarded to support payment of advance allowances.

2. I certify my intention to relocate my dependent(s) and by the mode of travel from the Aerial Port of Debarkation as indicated below:

<u>Name (Last, First, MI)</u>	<u>Relationship</u>	<u>DOB (Children)</u>	<u>MODE OF TRAVEL (PA/CP/TP/GP)</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. The location indicated above is the place where my dependent(s) will establish a bonafide residence, which is (CHECK ONE): ( ) in the vicinity of my new permanent duty station ( ) the designated place of residence for my dependents. I understand that in the event my dependent(s) do not move, repayment of the advance is due immediately.

4. I understand that the advance travel allowance is computed locally based on the information I have given. In the event my planned itinerary is changed, additional payment or collection action will be initiated when I submit my travel claim at my new permanent duty station.

\_\_\_\_\_  
Signature/Date